PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it disables and its and information unless its disables and its and i

Under the Paperwork Re	eduction Act of 1	995, no person are require	ed to respon	d to a collectio				ontrol number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009						nplete if Knov			
				lication Num	ber	10/610,487-Conf. #5330			
				Filing Date		June 30, 2003			
				First Named Inventor		Eric J. Horvitz			
				Examiner Name		A. A. Zahr			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2175			
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No. M1103.70728			US00		
METHOD OF PAYME	ENT (check a	ll that apply)							
Check X Credit Card Money Order Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of x Credit any overpayments									
fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION									
1. BASIC FILING, SEAR		AMINATION FEES		<del></del>					
· · · · · · · · · · · · · · · · · · ·		ING FEES	SEARC		EXAMI	NATION FEES	3		
Application Type	Eoo (\$)	Small Entity	e (\$)	mall Entity	Fee (\$)	Small Entity	Fees Pa	id (6)	
Utility	Fee (\$) 330		540	Fee (\$) 270	220	Fee (\$) 110	<u>rees ra</u>	10 (9)	
Design	220		100	50	140	70	**************************************		
Plant	220		330	165	170	85			
Reissue	330		540	270	650	325			
			0	0	0.50	0			
Provisional	220	110	U	U	U	U			
2. EXCESS CLAIM FEES Small Entity  Fee (\$) Fee (\$)									
Fee Description Each claim over 20 (incl	Inding Reiss	res)					52	26	
Each independent claim over 3 (including Reissues)  220 110									
Multiple dependent clair					390	195			
				ee Paid (\$)		Multiple Dependent Claims			
	- or HP = X =		10010	Tee Faid (4)		ee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Fee Pa	id (\$)				-			
- or HP =		x = paid for, if greater than 3.							
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  - 100 = /50 = (round up to a whole number) x =									
4. OTHER FEE(S)  A Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late fring surcharge): 1806/\$ubmission of an Information Disclosure Statement 180.00									
SUBMITTED BY	/	-///							
Signature		$JV \wedge$		stration No.	32,950	Telept/one//	617.646.	8000	
Name (Print/Type) Edmui	nd J. Walsh		(Attor	ney/Agent)	,	Date V //	1/0/		
Name (Print/Type) Edmund J. Walsh Juge / Mich St., 20/0									
		Ÿ				•			
					ΔΔ				
I hereby certify that this pa system in accordance with	§ 1.6(a)(4).		s being atta		sed) is be	ing transmitted via	the Office electr	onic filing	
Dated: 4/////	J	Signatu	ıre: 🏹	usn n	VXX			Y	